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# **A BRIEF REVIEW OF THE AFRICA KIDSAFE ALLIANCE & AN EXCHANGE ON PROGRAMMING FOR ORPHANS & VULNERABLE CHILDREN IN ZAMBIA**

This publication was produced for review by the United States Agency for International Development's Displaced Children and Orphans Fund, DG/DCHA under Contract #DFD-M-00-04-00238 with Manila Consulting Group, Inc. The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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AFRICA KIDSAFE ALLIANCE &  
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FOR ORPHANS & VULNERABLE  
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October 31- November 5, 2005

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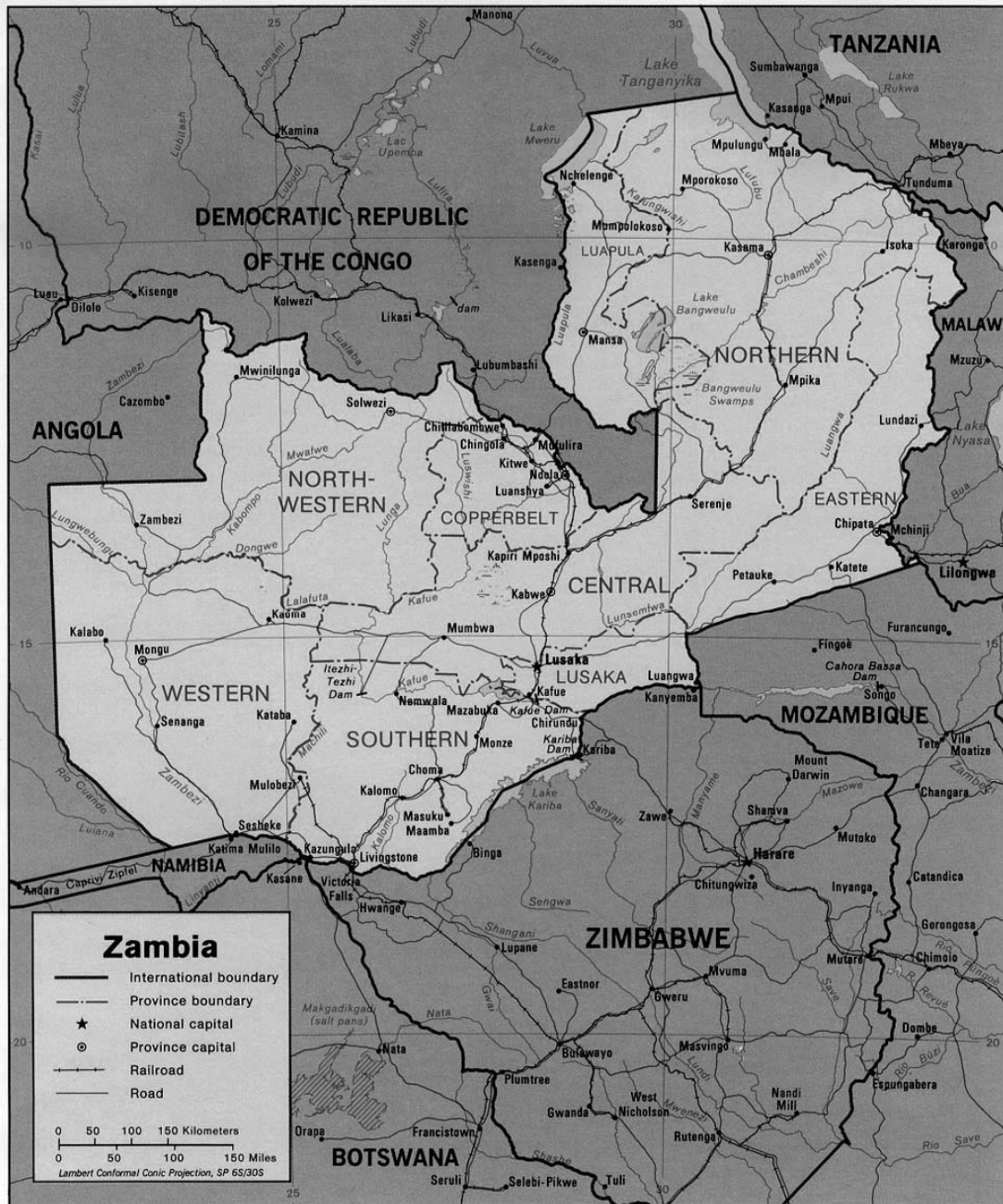
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# TABLE OF CONTENTS

<b>ACKNOWLEDGMENTS.....</b>	<b>III</b>
<b>MAP.....</b>	<b>VI</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>VII</b>
CHILDREN ON THE STREET IN ZAMBIA AND AKS .....	VIII
PROGRAMMING FOR ORPHANS AND VULNERABLE CHILDREN.....	X
<b>LIST OF RECOMMENDATIONS.....</b>	<b>XIII</b>
<b>LIST OF ABBREVIATIONS.....</b>	<b>XVII</b>
<b>INTRODUCTION .....</b>	<b>1</b>
THE DISPLACED CHILDREN AND ORPHANS FUND AND ZAMBIA .....	1
DCOF VISIT .....	3
<b>OBSERVATIONS AND RECOMMENDATIONS .....</b>	<b>5</b>
CHILDREN ON THE STREET IN ZAMBIA .....	5
<i>Protection.....</i>	7
<i>Coordination.....</i>	9
<i>Prevention of Family Separation .....</i>	11
<i>A New National Situation Analysis .....</i>	12
<i>Program Development and Capacity Building .....</i>	13
<i>International Exchange.....</i>	16
<i>Program Continuity.....</i>	17
PROGRAMMING FOR ORPHANS AND VULNERABLE CHILDREN.....	17
<i>A Results-Oriented Approach .....</i>	17
<i>Lessons Regarding Community Mobilization .....</i>	19
<i>Monitoring and Evaluation .....</i>	21
<i>Watching Our Language.....</i>	21
<b>APPENDIX A: SCOPE OF WORK .....</b>	<b>23</b>
<b>APPENDIX B: KEY RESOURCE DOCUMENTS.....</b>	<b>25</b>
<b>APPENDIX C: ITINERARY .....</b>	<b>27</b>
<b>APPENDIX D: LIST OF KEY CONTACTS.....</b>	<b>29</b>
<b>APPENDIX E: AFRICA KIDSAFE PARTNER ORGANIZATIONS.....</b>	<b>31</b>
<b>APPENDIX F: NOTES FROM NOVEMBER THIRD DISCUSSION ABOUT LIFE ON THE STREET .....</b>	<b>33</b>
<b>NOTES .....</b>	<b>35</b>

# MAP



## EXECUTIVE SUMMARY

Established in 2000 by Project Concern International (PCI) and Fountain of Hope, the Africa KidSAFE Alliance (AKS) is a coalition of organizations working with street children and children at risk of moving onto the street in Zambia. Current AKS partners have programs in Lusaka, and PCI is in the process of expanding the network to other cities in Zambia.

Through a cooperative agreement between USAID and Project Concern International, a total of \$1,715,782 of DCOF funds has been provided to PCI to support the Africa KidSAFE Alliance (AKS) for the period December 13, 2004 to December 30, 2007. The four objectives stated in the cooperative agreement are

1. To build the capacity of local NGOs and CBOs to design, implement, evaluate, and sustain effective programs meeting the needs of street children and those at risk of ending up on the streets
2. To reduce the movement of at-risk children to the streets by increasing the care-giving capacity of families
3. To reduce the number of children on the streets, through outreach, family tracing and reintegration
4. To meet the basic needs of street children through on-going service provision on the streets and at AKS centers

About 3,000 children are currently participating in the programs of AKS partners, including about 400 children in residential care. PCI reports that in the five years since the AKS Alliance was established, over 500 children have been reunited with their families. PCI identifies the following as collective accomplishments of AKS Alliance partners since the beginning of DCOF funding:

- About 1,400 caregivers are participating in the Mothers' Program, which aims to improve the economic capacity of households with children considered to be at risk of moving onto the street
- The Mobile Clinic, supported by AKS with New Horizons and Jesus Cares Ministries as the lead centers, has treated about 150 children in its first four months of operation
- Thirty children have been assisted to reintegrate with their families.

In addition, PCI and AKS have played a leading role in improving care for children in Zambia by helping to establish the Zambia Association of Child Care Workers (ZACCW) and its ongoing training and certification program.



DCOF sent me to review activities of the Africa KidSAFE program in Zambia during the period from October 31 to November 5, 2005. The purposes of the visit were to meet with DCOF-supported grantee, PCI, regarding the Africa KidSAFE Alliance for street children in Zambia, to gain a direct understanding of the methods and approaches this network is using to address issues among street children, as well as to investigate how DCOF funds complement HIV/AIDS programming in the country.

## **Children on the Street in Zambia and AKS**

Among children on the street interviewed in a 2001 study by AKS partners, of which 17 percent were girls, 42 percent reported that both of their parents were living, another 36 percent said one parent was alive, and 22 percent reported that they were double orphans. About two-thirds reported living with one or both parents or relatives. Also, observation and discussions during the DCOF visit suggested that the vast majority of children living on the street spent many of their waking hours inhaling a volatile liquid to get and stay high.

No one knows how many children are working or living on the street in Lusaka, much less in Zambia as a whole. Developing a reasonable estimate of the number of children sleeping on the street should be feasible and relatively inexpensive, as showed by the night count carried out in Sierra Leone in 2004.\*

That there are children living without adequate protection and care and living on the street, denied their basic rights, should be considered unacceptable by Zambian society. That almost all of those children living on the street spend their days and nights inhaling a volatile solvent that damages their brains, makes the situation even worse. We should be outraged, but we have come to accept this situation as a regrettable but unavoidable by-product of poverty. We need to re-examine our acceptance of the unacceptable.

But how to change this situation is a question without simple answers. The brief review of AKS during this DCOF visit indicates that this group of partners is working appropriately to improve the effectiveness of what is being done and to find and implement better approaches.

Protection problems are inherent in the situation in which street children live. More information is needed on their use of volatile solvents, and accusations made against the police should be investigated. AKS may be able to benefit from experiences in Ethiopia and South Africa regarding improving the safety of children on the street. More detailed reporting by the Mobile Clinic on the conditions treated would help provide a clearer overview of health-related issues among children on the street.

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\* UNICEF child protection personnel in Sierra Leone worked with local and international NGOs to organize a night count to determine how many children in Freetown and the four largest towns were living on the street.

There are significant overlaps in the issues that child-focused programs in Zambia are addressing among “street children” and “orphans and vulnerable children.” Greater collaboration among agencies working with such children would be appropriate. Household-level economic strengthening is one area that is highly relevant to both types of programming. It can help prevent children from moving onto the street. It is also important to recognize that there is significant overlap between street children and orphans and vulnerable children. Most of the children on the street during the day are living with their families. A substantial proportion of street children are orphans, and all are vulnerable. Vulnerability to HIV/AIDS is one of the risks faced by children on the street. Greater information exchange and collaboration would benefit agencies working in these overlapping areas of programming.

UNICEF has established an agreement with PCI to help consolidate a new situation analysis of street children in Zambia. This exercise could be used to

- Develop a more realistic understanding of the number of children living on the street and the number of children engaged in specific forms of hazardous labor
- Identify and assess household economic strengthening options in addition to those now being used, and to identify the strengths and limitations of these approaches and the contexts in which each is appropriate
- Identify what children on the street perceive as the constraints or disincentives to the current services intended to help them leave the street for another option

Also, to enable the Government of Zambia and AKS to make a serious effort to reduce the number of children on the street, some kind of periodic quantitative monitoring will be necessary.

The AKS Alliance needs to give greater attention to developing better options for long-term care instead of keeping children in their own residential programs. A substantial body of research has shown that children need to live in a family and community in order to learn how to develop trust, establish and maintain relationships, integrate into their society, and eventually become effective parents, themselves. One form of care that currently does not appear to exist within the AKS system is supervised foster care. Another form of care which may need to be further developed is small groups of adolescents living independently with support and supervision in communities. Older adolescents in particular may be unwilling to adapt to life in a foster family.

The common AKS child registration system and database, which have been initiated and are in the process of being made fully operational, should eventually enable partners to analyze the network’s overall progress in enabling children to move from one level and type of service to another. There is, however, a current need to track the length of time that children remain in each of the facilities providing residential care, with a view toward accelerating as possible their movement off the street and into family care or the

best possible alternative. It would also be helpful for PCI to provide a concrete overview of how the capacity of AKS partners is being improved.

The quality and scale of programming by agencies working with especially vulnerable children in Zambia appears to have increased since 1997 when DCOF initially provided funding in the country, and the following year when PCI prepared a lessons learned document. It would be timely for the Zambia Association of Childcare Workers to be supported in compiling current information on good practices in working with children in the country. It would also be useful for DCOF to help AKS partners exchange information with programs in other countries addressing similar issues. Facilitating family reunification and community reintegration are two areas around which such exchanges may be useful.

AKS appears to be developing a sound, common sense approach to addressing the safety and well-being of children on the street in Lusaka and is in the process of expanding the network into the Copperbelt. It will be important to evaluate the results of DCOF funding early enough to allow for the program's continuity if it is found to be effective.

## **Programming for Orphans and Vulnerable Children**

While the primary focus of my visit to Zambia was to review AKS activities, I also spent some time gathering current information on programming for orphans and vulnerable children in the country. DCOF had been involved in supporting and developing such programming from 1997 to 2000, but has had very limited direct involvement in the country since then.

One of the primary topics discussed with organizations working with orphans and vulnerable children was the idea of identifying a "package of services" that should be received by all children benefiting from U.S. Government funding for this area of programming. I discussed with practitioners the alternative of measuring the results in terms of improvements in children's well-being. Keeping the focus on the results to be achieved encourages necessary program adjustments. It is important to focus on measuring the ways in which children's safety, well-being, and development have been improved, then adjust strategies and interventions to achieve these ends if the initial efforts fall short, rather than just delivering a pre-determined package of services and considering that success.

Another aspect of the package of services discussion does deserve ongoing attention: calculating the cost per child of different services and interventions. Planning for the national scaling-up of effective coverage would be greatly enhanced by having such information coupled with indicative results. Knowing the approximate cost per child of different services, plus the kind of results each can be expected to produce would enable the government, donors, and implementing agencies to make better choices about how to invest available resources most effectively to scale up a set of interventions to improve

the safety and well-being of a significantly greater number of orphans and vulnerable children.

Discussions with personnel of the CARE's Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (SCOPE)-Orphans and Vulnerable Children Program suggested that it would be valuable to carry out a retrospective review to identify factors that contributed to success in mobilizing communities and district-level committees to address needs among orphans and vulnerable children. This could inform current and future programming in Zambia and elsewhere.

The U.S. Government has invested significant funding in Zambia for orphans and vulnerable children, and it would be valuable to establish a central monitoring and evaluation unit that could develop standard approaches. Rather than each program arranging for its own *ad hoc* evaluation, there could be greater learning across programs if similar methods and tools were used and the same personnel were to carry out or oversee program evaluations.

The acronym "OVC" is used extensively in Zambia and elsewhere to refer to orphans and vulnerable children. While convenient shorthand for practitioners, this and other acronyms or terms like "AIDS orphans" can become labels that when used at the community level can stigmatize children.



## LIST OF RECOMMENDATIONS

### Action to Benefit Children on the Street

1. AKS should make a systematic effort to assess the knowledge of children living on the street regarding their potential access to services that could enable them to get off the street.
2. PCI and AKS partners should seek the collaboration of the Ministry of Community Development and Social Services (MCDSS) and relevant NGOs and faith-based organizations to carry out a night count of children sleeping on the street in selected cities and towns throughout the country.
3. PCI, with assistance from DCOF, should gather and disseminate among AKS partners and other relevant groups information on the long-term biological and mental consequences of inhaling volatile solvents and on prevention and treatment. They should also explore potential interventions for controlling the access of children to such substances, potentially through criminalizing their sale to minors.

### *Protection*

4. Clinic personnel and PCI, in consultation with other AKS partners and relevant experts as appropriate, should review and discuss whether children who are carrying an inhalant bottle or are high should be seen at the clinic.
5. PCI and the personnel responsible for overseeing the Mobile Clinic should review with relevant authorities whether the current reporting categories are adequate and appropriate for monitoring health issues among children on the street.
6. PCI should take the lead in ensuring that AKS partners develop and agree upon procedures for reporting serious protection concerns to relevant government authorities in a way that does not put the children concerned at risk and which results in appropriate investigation and follow-up.
7. AKS partners should obtain information on the ways in which police officers in Ethiopia and South Africa are trained to deal with children and explore potential applications in Zambia.

### *Coordination*

8. PCI and AKS partners should also explore opportunities to develop wider, more inclusive mechanisms for exchanging experience and expertise and for collaborating on issues of joint concern with relevant ministries; other child-focused networks, such as Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS), and the group of U.S. Government-funded programs addressing needs among orphans and vulnerable children; and individual NGOs focused on children.

9. Internally and in relation to other networks and agencies and to government agencies, AKS partners should continue to consciously build a culture of collaboration in addressing issues relevant to vulnerable children and families.
10. PCI, in consultation with AKS partners and DCOF, should arrange for a consultant experienced in the region with a broad range of approaches to household economic strengthening to explore options additional to those now being used and to identify the strengths and limitations of these approaches and the contexts in which each is appropriate.
11. PCI and AKS partners should explore whether partnership with one or more organizations specializing in microenterprise would be more effective than implementing such program components themselves and discuss the advantages and disadvantages of such an approach.

### *Prevention of Family Separation*

12. PCI and AKS partners should develop and assess the effectiveness of various methods to identify children at high risk of separating from households and moving onto the street, with a view toward targeting specific households for intervention.
13. PCI and AKS partners should seek to identify geographic areas where community development assistance (including but not limited to programs of AKS partners) can help prevent children from leaving households and moving onto the street.
14. PCI and AKS partners should develop, implement, and assess an approach to raising awareness among parents and community leaders in some of the identified geographic areas of the dangers to children of being on the street, the dangers of separating from a family, how to identify children at risk of moving onto the street, and how and from whom to request help to prevent this.

### *A New National Situation Analysis*

15. PCI and AKS should advocate for and facilitate the initiation of a monitoring system to gauge the scale of the overall problem of children living on the street in each city.

### *Program Development and Capacity Building*

16. PCI should assist AKS partners with residential programs to carefully explore approaches to supervised and supported foster care and independent living for the longer term.
17. Unless the database system can be made fully operational soon, as an interim measure PCI should assist each AKS partner providing residential care to do a frequency distribution of length of stay of current residents (e.g., number of children in

residence for less than one week, less than one month, less than two months, etc.). Such an analysis could yield a snapshot of the situation and help identify children who should be given particular attention regarding movement to a preferable form of care. This analysis could also help inform and shape the development of an ongoing database tracking system.

18. PCI, in consultation with AKS partners, should measure changes in the programs of member organizations since the beginning of the project, using such indicators as the number of children currently served (by types of assistance), and the total program budget (excluding funding from PCI/AKS), as well as other indicators of change in capacity that it may be able to identify.
19. PCI should provide USAID/Zambia and DCOF with an overview of DCOF funds going directly to AKS partner and being expended by them, breaking this down by the purpose for which the funds are used (e.g., provision of direct services, training, etc.).
20. USAID/Zambia, PCI (given its role in developing the initial “lessons learned” document), Zambia Association of Child Care Workers, AKS, the national Steering Committee for Orphans and Vulnerable Children, and the group of U.S. Government-funded NGOs working with orphans and vulnerable children should explore the potential value of compiling an updated “lessons learned” or better practices document concerning work to benefit especially vulnerable children in Zambia.

### *International Exchange*

21. DCOF should facilitate exchanges of information and experience regarding support for family and community reintegration between AKS and organizations in other countries addressing similar issues.

### *Program Continuity*

22. DCOF and USAID/Zambia should be prepared to assess the progress of AKS in the first quarter of 2007 to determine whether the project should be extended for a longer period.

## **Action to Benefit Orphans and Vulnerable Children**

### *A Results-Oriented Approach*

23. To measure meaningfully the results of projects, U.S. Government-funded programs for orphans and vulnerable children should develop a set of basic indicators to measure changes in children’s well-being, rather than identifying a standard package of services.



24. Organizations addressing needs among orphans and vulnerable children should continue and refine efforts to calculate the cost per child of the various interventions being used, eventually measuring the cost per child whose well-being has been measurably improved.

### *Lessons Regarding Community Mobilization*

25. USAID/Zambia should collaborate with CARE and PCI to document the long-term results of the community mobilization work initiated by these agencies.

### *Monitoring and Evaluation*

26. USAID/Zambia should consult with Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS) and other U.S. Government-funded programs in Zambia regarding the possibility of developing a central monitoring and evaluation unit for programs for orphans and vulnerable children.

### *Labeling Children*

27. Practitioners should avoid using the term, “OVC,” to refer to children. Where this or other labels have been picked up and used at community level, practitioners should initiate a discussion with community members, asking them to consider and discuss how referring directly to children in this way affects those children.

## LIST OF ABBREVIATIONS

AKS	Africa KidSAFE Alliance
CABA	children affected by AIDS
CBO	community-based organization
DCOF	Displaced Children and Orphans Fund
DSW	Department of Social Welfare
FOCUS	Families, Orphans and Children Under Stress
FSCE	Forum on Street Children in Ethiopia
PCI	Project Concern International
MCDSS	Ministry of Community Development and Social Services
MSYCD	Ministry of Sport, Youth and Child Development
MOE	Ministry of Education
NGO	nongovernmental organization
RAPIDS	Reaching HIV/AIDS Affected People with Integrated Development and Support
PEPFAR	President's Emergency Plan for AIDS Relief
SCOPE-OVC	Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
ZACCW	Zambia Association of Child Care Workers
ZCSS	Zambia Community Schools Secretariat



# **INTRODUCTION**

## **The Displaced Children and Orphans Fund and Zambia**

Established in 1988 by an act of the United States Congress, the Displaced Children and Orphans Fund (DCOF) is administered by the Bureau for Democracy, Conflict and Humanitarian Assistance of the U. S. Agency for International Development (USAID). It provides funding and technical assistance for initiatives to benefit vulnerable children, especially children affected by armed conflict and children on or at risk of moving onto the street. DCOF is managed by Lloyd Feinberg and is supported by the Displaced Children and Orphans Fund, War Victims Fund, and Victims of Torture Fund Technical Support Project, managed by Manila Consulting Group, Inc.

DCOF has evolved into a program that seeks to improve and expand interventions to benefit children in the developing world affected by family separation or significant loss or displacement. It provides funding and technical support for programs and facilitates networking for information exchange and collaboration among organizations concerned with especially vulnerable children. Because annual DCOF funding is limited in relation to the massive problems it addresses, USAID uses these resources very selectively to support promising, innovative projects; to learn lessons that can be applied in other situations; and to share these as widely as possible with practitioners.

DCOF's fundamental approaches are to strengthen the capacity of families and communities to protect and care for their most vulnerable children, as well as strengthening children's own capacities to provide for their own needs. In keeping with DCOF's standard approach, "children" in this report are considered to be below eighteen years of age. The Fund was the first arm of the U.S. Government to respond to the issue of children being orphaned and otherwise made vulnerable by HIV/AIDS, and it continues to provide technical support to that type of programming, although it is not providing new funding in that area.

In Zambia, \$1,715,782 of DCOF funds is currently used to support the Africa KidSAFE Alliance (AKS) through a cooperative agreement (690-A-00-04-00343-00) to Project Concern International (PCI), for the period December 13, 2004 to December 30, 2007. Established in 2000 by PCI and Fountain of Hope, the Africa KidSAFE Alliance is a coalition of organizations working with street children and children at risk of moving onto the street. Previous DCOF funding in Zambia was directed to activities to mitigate the impacts of HIV/AIDS on children and totaled \$3,975,092, including \$959,275 to Project Concern International for the period November 1997 to September 1999 and \$3,015,817 to Family Health International (for activities implemented by CARE and Family Health Trust) for the period January 2000 to September 2002.

The program description in the agreement between USAID and PCI for AKS provides the following overview:

The overarching goal of the Africa KidSAFE Alliance is to consolidate and expand a safety net of NGOs [nongovernmental organizations] and CBOs [community-based organizations] that can effectively meet the immediate and long-term needs of street and at-risk children in Zambia. These needs are related to the fulfillment of essential child rights, which children on the streets generally lack, including protection (from violence, abuse, exploitation, and neglect); shelter; food, medical care; psychosocial support; education; skills training; and recreation. In some cases, these needs may be best met through reintegration of the child with his or her family; in others, there may be other appropriate community-based settings which need to be considered as alternatives. Mobilizing and strengthening the capacity of families and communities to prevent vulnerable children from turning to the streets is increasingly a focus, as the problem intensifies. For some children, the best approach is to build their own capacity to live a healthy and productive life on their own, sometimes while remaining on the streets.

The four main objectives of the USAID cooperative agreement to support AKS are

1. To build the capacity of local NGOs and CBOs to design, implement, evaluate, and sustain effective programs meeting the needs of street children and those at risk of ending up on the streets
2. To reduce the movement of at-risk children to the streets by increasing the care-giving capacity of families
3. To reduce the number of children on the streets, through outreach, family tracing, and reintegration
4. To meet the basic needs of street children through on-going service provision on the streets and at Africa KidSAFE centers

PCI serves as the secretariat of AKS, and its roles in the Alliance include helping partners to develop systems for coordinating their activities and monitoring their results; providing logistical, financial, and material support; strengthening the operational and technical capacities of partners; and facilitating peer exchange and learning. There are currently twelve NGO partners in AKS, and all have funding separate from the grant of DCOF funds from USAID. Appendix E includes a list of the AKS partner organizations.

About 3,000 children are currently participating in the programs of AKS partners, including about 400 children in residential care. PCI identifies the following as collective accomplishments of AKS Alliance partners since the beginning of DCOF funding:

- About 1,400 caregivers are participating in the Mothers' Program, which aims to improve the economic capacity of households with children considered to be at risk of moving onto the street.
- The Mobile Clinic supported by AKS, with New Horizons and Jesus Cares Ministries as the lead centers, has treated about 150 children in its first four months of operation.
- Thirty children have been assisted to reintegrate with their families.

PCI and AKS have played a leading role in the development of standards of care for children in Zambia by helping to establish the Zambia Association of Child Care Workers (ZACCW) and its ongoing training and certification program. AKS participated in the development by the Ministry of Community Development and Social Services (MCDSS) of national Minimum Standards of Care for child care facilities. In addition to the services provided by its members, AKS plays an ongoing advocacy role regarding the protection and interests of children on the street. It also helps partners to incorporate children's participation into the planning, development, and assessment of their programs. At the time of the DCOF visit, PCI, in conjunction with AKS partners, was carrying out a process through which current child participants in AKS partner programs were identifying their concerns and recommendations for improvement in those programs.

PCI reports that in the five years since the AKS Alliance was established, over 500 children have been reunited with their families. In response to a recommendation made by the UN Committee on the Rights of the Child, UNICEF has established an agreement with PCI to support a new national situation analysis of street children in Zambia.

## **DCOF Visit**

From October 31 – November 5, 2005, I traveled to Zambia on DCOF's behalf to review activities of the Africa KidSAFE program. The purposes of the visit were to meet with DCOF-supported grantee PCI on the Africa KidSAFE Alliance for street children in Zambia in order to gain a direct understanding of the methods and approaches this network is using to address issues among street children, as well as to investigate how DCOF funds complement HIV/AIDS programming.

The scope of work for the visit is included in Appendix A. Key resource documents are listed in Appendix B, and the itinerary is in Appendix C. A list of key contacts during the visit is included in Appendix D. A list of AKS partners is included in Appendix E.



## OBSERVATIONS AND RECOMMENDATIONS

### Children on the Street in Zambia

A rapid assessment of children either spending time or living on the street was carried out by AKS partners in 2001. Its findings provide insights into the factors causing children to be on the street in Lusaka and the conditions in which they live. Among the 1,232 children interviewed, that study found that 42 percent had both parents living and another 36 percent had one parent living. Twenty-two percent reported that they were double orphans. About two-thirds reported living with one or both parents or relatives. While information reported by children on the street is often unreliable, these figures do seem consistent with the profiles found in other countries and what would be expected in Zambia. Of those interviewed, 17 percent were girls, which is also consistent with patterns seen elsewhere.

Poverty was most frequently mentioned as the reason children were on the street, but 15 percent said that the main factor was pressure from or to follow friends. Another 5 percent cited family problems or abuse as the main reason. If poverty were a sufficient cause for being on the street, it seems likely that the number of children found there would be much larger. The fact that almost two thirds<sup>1</sup> of Zambians are living on less than one dollar per day and that only a very small proportion of the country's children are on the street suggests that a number of factors likely influence this decision for a given child.

Forty-three percent of the children interviewed said that they did not know of a center or shelter serving street children. The finding must be interpreted with caution because those responding included children spending the day on the street as well as others living on the street. It suggests, however, that a new situation analysis of children on the street should test practitioners' current assumption that children living on the street know which services are potentially available to enable them to get off the street and to reintegrate into a family and community.

*Recommendation 1: AKS should make a systematic effort to assess the knowledge of children living on the street regarding their potential access to services that could enable them to get off the street.*

Observation and discussion with outreach workers and others working with children living on the street indicate that the vast majority spend many of their waking hours inhaling a volatile liquid to get and stay high.<sup>†</sup> During a discussion with a group of practitioners involved with outreach work on the street, some of whom had themselves lived on the street as children, I asked them to explain some of the reasons why this practice is so prevalent. They said that staying high eases the emotional and physical pain of living on the street; it is a shield. It is a way to cope with the negative comments from passersby, and it is a way to tolerate cold or wet weather and the many physical

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<sup>†</sup> Appendix F includes some of the points made during this discussion.



discomforts of life on the street. Getting high is also a way to gain acceptance from the group, because everyone is doing it. They said that it gives children courage to do or say anything and take risks, such as stealing.

No one knows how many children are working or living on the street in Lusaka, much less in Zambia as a whole. This makes difficult any measurement of progress in reducing the scale of the problem. Estimating the number of children who are working on the street at any given point in time would require fairly sophisticated survey research methodology and significant resources, and would be of questionable value. A rough estimate of the number of children out of school by district and town/city would be a relevant indicator of national development and, for urban areas, could serve as a proxy indicator of children working on the street. This information should be possible to compile using statistics from the Ministry of Education (MOE), the Zambia Community Schools Secretariat (ZCSS), census data, national survey data, and/or population estimates. It was beyond the scope of this review, however, to recommend who should be responsible for compiling such information.

Developing a reasonable estimate of the number of children sleeping on the street should be feasible and relatively inexpensive, as shown by the night count carried out in Sierra Leone in 2004.<sup>‡</sup> Such an exercise could provide baseline data useful to the Ministries of Community Development and Social Services (MCDSS) and Sports, Youth and Child Development (MSYCD), UNICEF, AKS partners, and other child protection agencies. The percentage of children who are homeless would be a significant negative indicator of the level of national development. Potentially this figure could be used over time as a broad indicator of national development or of its shortfall.

*Recommendation 2: PCI and AKS partners should seek the collaboration of MCDSS and relevant NGOs and faith-based organizations to carry out a night count of children sleeping on the street in selected cities and towns throughout the country.*

That there are children living without adequate protection and care and living on the street, denied their basic rights, should be considered unacceptable by Zambian society. The situation is certainly not in keeping with Zambian culture or religious beliefs. That almost all of those children living on the street spend their days and nights inhaling a volatile solvent that damages their brains, makes the situation even worse. We should be outraged, but we have come to accept this situation as a regrettable but unavoidable by-product of poverty. We need to reexamine our acceptance of the unacceptable.

But how to change this situation is a question without simple answers. The brief review of AKS during this DCOF visit indicates that this group of partners is working appropriately to improve the effectiveness of what is being done and to find and implement better approaches.

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<sup>‡</sup> UNICEF Child Protection personnel in Sierra Leone worked with local and international NGOs to organize a night count to determine how many children in Freetown and the four largest towns were living on the street.

## *Protection*

The pervasive practice among children living on the street of inhaling a volatile liquid to stay high is one of the disturbing aspects of the situation of street life in Lusaka. Those with whom I spoke about this pattern, while concerned about it, did not know what the liquid is, nor were they certain of its long-term biological or psychological effects. Those I met who are working with street children are guided by experience in dealing with this issue, but they did not have access to information on methods that may be used in other countries to address this form of substance abuse.

*Recommendation 3: PCI, with assistance from DCOF, should gather and disseminate among AKS partners and other relevant groups information on the long term biological and mental consequences of inhaling volatile solvents and on prevention and treatment. They should also explore potential interventions for controlling the access of children to such substances, potentially through criminalizing their sale to minors.*

The use of volatile solvents also concerned me in relation to the operation of the Mobile Clinic, which had just begun its fourth month of operation. It was evident that most of the children being treated or in the clinic area had an inhalant bottle in hand or were high. This created a slightly chaotic atmosphere for the clinic, although it was difficult to tell whether the presence of a nosy white man was also having an effect on the children in the vicinity of the clinic. From this brief visit, I would question whether children who are high can adequately understand and recall the medical advice that they are given, as well remembering the appropriate frequency for taking medication provided. I would also raise the question of whether tolerating the use of a potentially harmful substance during the clinic was conveying an implicit message to the children that its use was acceptable.

*Recommendation 4: Clinic personnel and PCI, in consultation with other AKS partners and relevant experts as appropriate, should review and discuss whether children who are carrying an inhalant bottle or are high should be seen at the clinic.*

It was difficult to obtain a clear overview of the conditions that were being treated by the Mobile Clinic since the “others” category of both the categories of conditions treated and the medications given seemed rather broad. For example, malaria and injuries would both fall into “others.” It was not possible to understand the frequency with which different varieties of sexually transmitted infections were being treated. I am not in a position to recommend whether or how the reporting categories might be changed, but believe that they should be reviewed with relevant Ministry of Health and other technically appropriate experts.

*Recommendation 5: PCI and the personnel responsible for overseeing the Mobile Clinic should review with relevant authorities whether the current reporting categories are adequate and appropriate for monitoring health issues among children on the street.*

I was informed of accusations that police officers from one of the Lusaka stations have sexually exploited female street children in an alley adjacent to their station. It is essential that AKS partners agree upon procedures for reporting any such protection concerns to relevant government authorities.

*Recommendation 6: PCI should take the lead in ensuring that AKS partners develop and agree upon procedures for reporting serious protection concerns to relevant government authorities in a way that does not put the children concerned at risk and that results in appropriate investigation and follow-up.*

There may be lessons that AKS could learn from experience in South Africa and Ethiopia to help improve the ways that Zambian police officers deal with street children. A March 2000 DCOF report on programming for vulnerable children in Ethiopia indicates that the Ministry of Labor and Social Affairs, through its advocacy and policy work; the Forum on Street Children in Ethiopia, and other groups have brought about a positive shift in attitudes and responses toward these children from police and urban residents. The reports indicates that

Police children's protection units, staffed by police officers and social workers, operate in Addis Ababa (where 10 of the 28 police stations have children's units), Dire Dawa, Nazareth, and Dessie. Their objectives include improving treatment of child offenders by the police, improving the protection of children, and finding alternative approaches to juvenile offenders. Each of the children's units is staffed by a police officer and a social worker. Salaries of police officers in the units are paid by the government, and the salaries of the social workers are paid by the Forum on Street Children [FSCE] with funding from Rädä Barnen. Pact is also providing support for the program at the headquarters level and in Dire Dawa. In addition, a section on street children has been added to the training for all police officers.

Several sources reported that attitudes toward street children among the police and the public at large have shifted significantly in the last few years. The training given to police officers regarding street children, the children's units, and the advocacy and training done by FSCE and other NGOs were credited as having helped to bring about this change.<sup>2</sup>

The training of police officers in Ethiopia regarding street children and the development of the children's units have been influenced by approaches that were developed in South Africa.<sup>§</sup>

*Recommendation 7: AKS partners should obtain information on the ways in which police officers in Ethiopia and South Africa are trained to deal with children and explore potential applications in Zambia.*

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<sup>§</sup> Information on developments in that country may be available through Linda Richter of South Africa's Human Science Research Council.

## Coordination

The program description in PCI's agreement with USAID acknowledges that the term "street children" is problematic:

Many children who are currently or have previously been on the streets prefer not to be referred to as "street children." While understanding and respecting this preference, the term is used in this proposal to refer to children who spend all or part of their days or nights living or working on the streets, and is maintained for ease and clarity of communication.

In addition to the issue of "street children" being a potentially stigmatizing label, categorizing children in this way may undermine program effectiveness by failing to recognize the continuity of the circumstances of children working or living on the street with other children, such as those addressed by programs for "orphans and vulnerable children." When programming is built around a specific, externally defined category of children, it can impede both the social integration of the children concerned (because they are continually identified as somehow different) and integrated programming (because assistance is provided on the basis of categories instead of children's essential needs and rights).

At least two factors tend to encourage such categorical approaches to programming for children: donor requirements and agency specialization. Even while recognizing the particular threats and challenges that being on an urban street pose for children, it is important that AKS partners avoid giving undue emphasis to the idea that their programs are for a unique category of "street children," that they recognize the continuity and overlap between their programs and other child-focused programs in Zambia, and that they actively look for opportunities to collaborate with such programs.

AKS partners need to recognize their own programmatic strengths and seek to augment these through work in conjunction with other organizations and government departments that can offer potentially complementary services and expertise. Agency specialization helps develop particular kinds of expertise (e.g., in HIV prevention activities, microeconomic strengthening, addressing psychosocial needs, etc.) but specialization can lead to problems if agencies fail to integrate their interventions in ways that make sense to the population of concern.

Selected urban districts are each mandated by MSYCD to establish their own Steering Committee for Street Children. Some of these districts have also established Orphans and Vulnerable Children Committees. Integration of these committees might help better integrate programming and policy initiatives for especially vulnerable children.

*Recommendation 8: PCI and AKS partners should also explore opportunities to develop wider, more inclusive mechanisms for exchanging experience and expertise and for collaborating on issues of joint concern with relevant ministries; other child-focused networks, such as Reaching HIV/AIDS Affected People with*

*Integrated Development and Support (RAPIDS) and the group of U.S. Government-funded programs addressing needs among orphans and vulnerable children; and individual NGOs focused on children.*

*Recommendation 9: Internally and in relation to other networks and agencies and to Government agencies, AKS partners should consciously build a culture of collaboration in addressing issues relevant to vulnerable children and families.*

One of AKS's strengths is that some of the partners have incorporated household economic strengthening into their programs. When it is effective, this approach can help keep children in school and prevent children from moving onto the street. The AKS program description underscores the importance of household economic circumstances and the importance of focusing on the child and the family:

According to a recent survey of 1,232 street children in Lusaka conducted by Project Concern International (PCI) and local partners, most children on the streets are there because of poverty or financial difficulties in the home. Although a majority of street children are in fact orphaned, having lost either one or both parents, nearly eight out of ten in the survey had at least one living parent, and more than nine in ten had one or both parents or a close relative, still alive. Of those with parents or guardians, however, the vast majority (over 90 percent indicated that these caregivers were unemployed. Most of the children originated from the low-income compounds surrounding Lusaka and other urban centers.

The family is the first line of response to children's needs and the second is the community. Therefore, efforts to benefit vulnerable children must largely focus on strengthening the capacities of families and communities to protect and care for such children, as well as on strengthening their capacities (e.g., through ensuring access to education and health services and actively involving children in shaping the programming intended to benefit them). Some AKS partners have developed economic strengthening components. I did not have the time to explore in any depth how successful these have been. The director of one partner organization expressed her desire to develop an agricultural component of her program at a remote site. It seemed to me, in part because of the transportation logistics that would be required, that creating this new program component may not be the most effective way to address economic needs among urban families with at-risk children.

There tend to be inherent conflicts within a program when, on the one hand, the program seeks to promote humanitarian action to protect and benefit children, and on the other hand, it seeks to help households to develop and strengthen business activities. The fundamental requirement of a successful business enterprise is profitability. When the same agency and personnel are both promoting compassionate humanitarian responses to children and, at the same time, advocating hard-nosed business practices or loan collection, they can convey conflicting messages to a community. Also, successful microenterprise development requires a specific set of skills, which differs from that necessary to develop effective social welfare programs to protect and care for children.

Recognizing these differences, PCI has explored the potential of drawing on the expertise of agencies with particular expertise in microeconomic strengthening, such as the savings-led approach to microfinance services that Pact has used in Nepal. It is important that PCI and AKS partners continue to explore ways to tap specialized expertise in household-level economic strengthening. They can then develop collaborative partnerships for programming that enables children to remain with their families and enables families to successfully reintegrate children who have left.

*Recommendation 10: PCI, in consultation with AKS partners and DCOF, should arrange for a consultant experienced in the region with a broad range of approaches to household economic strengthening to explore options additional to those now being used and to identify the strengths and limitations of these approaches and the contexts in which each is appropriate.*

*Recommendation 11: AKS partners should explore whether partnership with one or more organizations specializing in microenterprise would be more effective than implementing such program components themselves.*

### ***Prevention of Family Separation***

Reunification and reintegration efforts alone will never be sufficient to reduce the number of children on the street; the flow of children moving onto Zambia's street also must be reduced. Such prevention efforts can be cost-effective—the costs per child of interventions that strengthen household capacities or resolve household conflicts and help prevent children from moving onto the street are likely to be significantly less expensive than the counseling, tracing, reunification, and reintegration activities needed to help a child living on the street return permanently to his or her family. AKS partners are appropriately engaged in both kinds of activity. More work is needed, however, in determining where and how to target household and community-level prevention efforts.

*Recommendation 12: PCI and AKS partners should develop and assess the effectiveness of various methods to identify children at high risk of separating from households and moving onto the street, with a view toward targeting specific households for intervention.*

*Recommendation 13: PCI and AKS partners should seek to identify geographic areas where community development assistance (including but not limited to programs of AKS partners) can help prevent children from leaving households and moving onto the street.*

*Recommendation 14: PCI and AKS partners should develop, implement, and assess an approach to raising awareness among parents and community leaders in some of the identified geographic areas of the dangers to children of being on the street, the dangers of separating from a family, how to identify children at risk of moving onto the street, and how and from whom to request help to prevent this.*

## *A New National Situation Analysis*

UNICEF has established an agreement with PCI to help consolidate a new situation analysis of street children in Zambia. This was prompted by a recommendation of the UN Committee on the Rights of the Child that Zambia “Undertake a study to assess the scope and causes of the phenomenon and consider establishing a comprehensive strategy to address the high and increasing number of street children with the aim of preventing and reducing this phenomenon”.<sup>3</sup>

PCI carried out a situation analysis on street children in 2001. It is unlikely that the qualitative aspects of the situation have changed much since then; therefore, repeating the 2001 process would not seem worthwhile. However, a new situation analysis can be an opportunity to develop better understandings among key actors, help improve the effectiveness of current policies and programs, and identify and develop consensus around additional measures that may be needed. This exercise could be used to

- Develop a more realistic understanding of the number of children living on the street and the number of children engaged in specific forms of hazardous labor
- Identify and assess household economic strengthening options in addition to those now being used and identify the strengths and limitations of these approaches and the contexts in which each is appropriate (in keeping with the recommendation above)
- Identify what children on the street perceive as the constraints or disincentives to the current services intended to help them leave the street for another option.

Also, to enable the Government of Zambia and AKS to make a serious effort to reduce the number of children on the street, some kind of periodic quantitative monitoring will be necessary. The quantitative component of the situation analysis could be an opportunity to develop the methodology and initiate ongoing monitoring of the country’s children who are living on the street. In 2004, Sierra Leone’s Child Protection Network carried out a coordinated count of children living on the street. UNICEF helped organize NGOs on the same night to count the number of children sleeping on the street in five cities and towns. Such an exercise repeated annually or bi-annually in Zambia in conjunction with the Department of Social Welfare (DSW) would permit monitoring changes in the scale of the problem. The timing of such night counts would need to be regular, since there is significant mobility among children on the street between cities served by the country’s railway due to seasonal variations in temperature, rain, and possibly other factors.

*Recommendation 15: PCI and AKS should advocate for and facilitate initiation of a monitoring system to gauge the scale of the overall problem of children living on the street in each city.*

## *Program Development and Capacity Building*

The AKS Alliance needs to give greater attention to developing better options for long-term care instead of keeping children in their own residential programs. An underlying concept of the AKS Alliance is that the partners provide complementary services for children on the street or at risk of moving onto the street. Services include preventive work with families and communities, outreach work with children on the street, medical services for children on the street, drop-in centers for additional services, first step shelter opportunities for children to get off the street, longer-term residential care for children who want to stay off the street, family reunification and reintegration for children who want to return to their family, and supervised independent living. The concept is not to make life on the street more comfortable, but to help children move toward longer-term solutions off the street. In principle, there should be significant movement of children from one partner's program to another. However, this progression from one stage to another includes both success and backsliding. At each stage, some children opt to return to the street rather than to move off and away from it. Also, some partners believe that long term residential care is an acceptable option for children. While children are better off in such care than on the street, group residential care still falls short of a good, long-term solution for children.

There is a substantial body of knowledge dating from the World War II and earlier indicating that residential care, particularly on a large group basis, has significant shortcomings in terms of children's developmental needs.<sup>\*\*</sup> In essence, children need to live in a family and community in order to learn how to develop trust, establish and maintain relationships, integrate into their society, and eventually become effective parents, themselves.

Currently, some AKS partners consider the residential care that they provide to be a sufficient long-term solution for children who cannot return to their own families (perhaps due to the absence of other options). PCI should work with its partners and the Department of Social Welfare to change this view and develop better options. While certainly preferable to life on the street, group residential care should be considered an interim measure, not an acceptable form of long-term care for children. One form of care that currently does not appear to exist within the AKS system is supervised foster care. At a minimum, such care would involve the careful screening of potential foster families, training and preparing them, placing children, and carefully monitoring of their safety and well-being.<sup>††</sup>

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<sup>\*\*</sup> See, *A Family Is for a Lifetime: Part I. A Discussion of the Need for Family Care for Children Impacted by HIV/AIDS Part II. An Annotated Bibliography* by Jan Williamson is a literature review and analysis that provides an overview of the issues regarding care alternatives and children's needs. It was prepared for USAID's HIV/AIDS Office by The Synergy Project, TvT Global Health and Development Strategies, March 2004. <http://www.synergyaids.com/resources.asp?id=5088>.

<sup>††</sup> See, for example: David Tolfree, *Whose Children? Separated children's protection and participation in emergencies*, Radda Barnen, 2003. <http://www.rb.se/Shop/Products/Product.aspx?ItemId=352>. Richard P. Barth, *Institutions vs. Foster Homes: The Empirical Base for a Century of Action*, Jordan Institute for Families School of Social Work, University of North Carolina at Chapel Hill.



Another form of care that may need to be further developed is small group independent living, with small groups of adolescents living together with support and supervision in communities. Older adolescents in particular may be unwilling to adapt to life in a foster family. However, rather than staying in a residential care setting until they “graduate” to living on their own, partners may need to develop an interim stage of adolescents living with a few peers in a community while receiving limited support and supervision from an AKS partner. The International Rescue Committee had experience in Rwanda arranging foster placements for adolescents as a transitional stage toward independent living. The deinstitutionalization process of the Jerusalem Association Children’s Homes in Ethiopia might provide some useful lessons as well.<sup>\*\*</sup>

*Recommendation 16: PCI should assist AKS partners with residential programs to carefully explore approaches to supervised and supported foster care and independent living for the longer term.*

The common AKS child registration system and database, which have been initiated and are in the process of being made fully operational, should eventually enable partners to analyze the network’s overall progress in enabling children to move from one level and type of service to another. However, at present, partners are not sufficiently consistent in completing the registration forms and entering information from the forms into the database for this to serve as a network-wide monitoring and tracking system. There is a current need to track the length of stay in each of the facilities providing residential care, with a view toward accelerating as possible movement off the street and into family care or the best possible alternative.

Since the database system is not sufficiently complete and up to date to permit this kind of analysis, at this stage it may be necessary to do the analysis using client records maintained by the partners in addition to the common registration (child intake) forms. It seems likely that such an analysis could identify programs where there are bottlenecks to movement from one level of care to another. This kind of tracking may help the network partners to shift some of their focus from “What is my program doing?” to “What is our network accomplishing for children?” Potentially some peer pressure may develop among partners to facilitate the movement of children from one level of care to another toward their best possible long-term solution. Eventually, AKS needs to develop a statistical tracking system using the common forms and database. With such a system in place, partners will be able to review system-wide data together on a regular (monthly, bi-monthly, or quarterly) basis in order to monitor their collective progress with enabling children to move off the street and into developmentally adequate long-term care.

Also, AKS partners should continue and further develop the efforts initiated by outreach workers to enable children who have moved off the street (into interim care or

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June 17, 2002, <http://ssw.unc.edu/jif/events/Groupcare.pdf> . “Myths about Orphanages”:  
[http://www.childrensrights.org/Policy/resources\\_CRresources\\_orphanages\\_myths.htm](http://www.childrensrights.org/Policy/resources_CRresources_orphanages_myths.htm).

<sup>\*\*</sup> DCOF can provide AKS information about these programs and contact information for relevant personnel.

reintegrated into a family and community) to play a role in influencing those still on the street to seek the better options that are open to them. One possibility would be to make short videos of children in care or who have returned to their families talking about their experiences and sending advice to friends still on the street. In Sierra Leone, the International Rescue Committee used videos to permit communication between girls who had been abducted during the war and their families. Often, these girls had babies of their own and felt they would not be accepted if they returned home. The videos were an effective way to help some of these girls recognize that they could go home again, something their captors had convinced them was impossible. The view screen of the video camera was used to show messages from families to girls and vice versa, so no equipment other than the camera was required.

*Recommendation 17: Unless the database system can be made fully operational soon, as an interim measure PCI should assist each AKS partner providing residential care to do a frequency distribution of length of stay of current residents (e.g., number of children in residence for less than one week, less than one month, less than two months, etc.). Such an analysis could yield a snapshot of the situation and help identify children who should be given particular attention regarding movement to a preferable form of care. This analysis could also help inform and shape the development of an ongoing database tracking system.*

Building the capacity of the partners is a significant strategy of the AKS Alliance. It is important for PCI to measure the ways in which the capacity of AKS partners has been strengthened. DCOF's "Assessment of the Street Children and Orphans Component of the Pact NGO Sector Enhancement Initiative in Ethiopia" includes an example of how this could be done.<sup>§§</sup>

*Recommendation 18: PCI, in consultation with AKS partners, should measure changes in the programs of member organizations since the beginning of the project, using such indicators as the number of children currently served (by types of assistance), the total program budget (excluding funding from PCI/AKS), as well as other indicators of change in capacity that it may be able to identify.*

DCOF funding for AKS is being used in a variety of ways, such as building the capacity of individual partners, developing new tools and methods for partners, supporting new services and activities of partners, and influencing national policies and understanding of issues regarding children who live on the street. At present it is difficult to obtain an overview of the priorities of the project by reviewing its budget, whose categories cut across multiple purposes.

*Recommendation 19: PCI should provide USAID/Zambia and DCOF with an overview of DCOF funds going directly to AKS partner and being expended by them, breaking this down by the purpose for which the funds are used (e.g., provision of direct services, training, etc.).*

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<sup>§§</sup> John Williamson, March 2000, available at: [http://pdf.dec.org/pdf\\_docs/pdabs670.pdf](http://pdf.dec.org/pdf_docs/pdabs670.pdf). See pages 17-20.

The quality and scale of programming by agencies working with especially vulnerable children in Zambia has increased since 1997 when DCOF initially provided funding in the country. In 1998, PCI compiled a lessons learned document that drew on experience to that point in work to benefit orphans and vulnerable children.<sup>\*\*\*</sup> Much has been learned in the meantime, and it could be useful to prepare a revised document compiling current perspectives on better practices. The new *Zambian Association of Child Care Workers (ZACCW)* might be an appropriate body to do this, with support from PCI/AKS. This would best be done on a collaborative basis involving multiple agencies developing a consensus document. Such a process could include attention to work with “street” issues as well as community-based work with orphans and vulnerable children. Consolidating lessons through an integrated process could help foster exchange and collaboration between agencies working with different “categories” of vulnerable children. Such a process could be very timely as a number of agencies and personnel new to Zambia are initiating programs with PEPFAR (President’s Emergency Plan for AIDS Relief) and other funds. It is important that these new initiatives learn from and build upon what has already been done and learned in Zambia.

*Recommendation 20: USAID/Zambia, PCI (given its role in developing the initial “lessons learned” document), ZACCW, AKS, the national Steering Committee for Orphans and Vulnerable Children, and the group of U.S. Government-funded NGOs working with orphans and vulnerable children should explore the potential value of compiling an updated “lessons learned” or better practices document concerning work to benefit especially vulnerable children in Zambia.*

### ***International Exchange***

The AKS Alliance is working to develop cutting edge approaches and tools to understand and address problems of children on the street. It is important that AKS share these with other organizations and networks engaged with similar issues. It is also important that AKS partners benefit from what has been learned about similar work in other countries.

Facilitating family reunification and community reintegration are areas around which such exchanges may be useful, and there would seem to be potential for exchanging lessons concerning work with both with street children and with former child soldiers. The Forum on Street Children in Ethiopia has a long history of working to improve programming for such children, and its Resource Center might include material of value to AKS. In the Dominican Republic, DCOF funds are supporting a network of organizations working with street children with which AKS might exchange information. The conference on the reintegration of war-affected children that Save the Children UK and Radda Barnen are planning for February in West Africa may provide a worthwhile opportunity to exchange lessons on facilitating reintegration.

Also, AKS’s network approach, which brings organizations concerned with street children into collaborative partnership, makes good sense. Similar networks have also

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<sup>\*\*\*</sup> *Lessons Learned from Zambia: Responses to HIV/AIDS, Orphans and Vulnerable Children.*

been developed in Ethiopia, the Dominican Republic, and Congo Brazzaville. It will be important for AKS to learn from the experiences of these other networks and share with them what it is learning.

*Recommendation 21: DCOF should facilitate exchanges of information and experience regarding support for family and community reintegration between AKS and organizations in other countries addressing similar issues.*

### ***Program Continuity***

AKS appears to be developing a sound, common-sense approach to addressing the safety and well-being of children on the street in Lusaka, and it is in process of expanding the network to the Copperbelt. However, the current end-of-project date of December 30, 2007, will not be sufficient for the organization to put in place the services and systems necessary nationwide. This time period should, however, be sufficient for AKS to demonstrate significant progress toward achieving its objectives and improving the effectiveness, quality, and reach of organizations addressing the situation of street children. Timely assessment by USAID/Zambia and DCOF will be important to determine whether the program should be extended.

*Recommendation 22: DCOF and USAID/Zambia should be prepared to assess the progress of AKS in the first quarter of 2007 to determine whether the project should be extended for a longer period.*

### **Programming for Orphans and Vulnerable Children**

While AKS was the primary focus of the DCOF visit, I also spent some time exchanging information regarding work with orphans and other children made vulnerable by HIV/AIDS. DCOF was active in Zambia with the development of programming and situation analysis for orphans and vulnerable children from 1997 to 2000, but has had very limited direct involvement in the country since then. One of the primary topics discussed with organizations working with orphans and vulnerable children was the idea of identifying a “package of services” that should be received by all children benefiting from U.S. Government funding for this area of programming.

### ***A Results-Oriented Approach***

In response to a provision of the legislation that initiated PEPFAR, agencies receiving funding from it are required to report how many children their programs “reach.” Since the Office of the Global AIDS Coordinator, which manages these funds, has not specified a criterion regarding the level of benefit necessary to count a child in PEPFAR statistics, some agencies have decided that the best solution is to define a minimum “package of services” that a child must receive in order to be counted. While agencies have a valid concern about this issue, I think the “package” approach is not the best solution. During the visit to Zambia, at meeting of agencies with U.S. Government funding for orphans

and vulnerable children, I explained why I believe that focusing on results among children is a better solution. Rather than trying to decide whether the provision of X amount of school supplies should qualify as the educational component of a minimum package, it is more appropriate to count children who were out of school or at risk of dropping out who remain in school for two terms. This count puts the emphasis on the *result* rather than a standard *input*, which may not be appropriate nor sufficient for the variety of circumstances of orphans and vulnerable children in a country.

Keeping the focus on the results to be achieved encourages necessary program adjustments. The management truism, “What gets measured gets done” sums up the basic dynamic. It is important to focus on measuring the ways in which children’s safety, well-being, and development have been improved, then adjust strategies and interventions to achieve these ends if the initial efforts fall short, rather than just delivering a pre-determined package of services and considering that success.

Programming to improve access to primary school provides an example. In her study for DCOF, Amy Hepburn identified thirteen different approaches to helping orphans and vulnerable children secure access to education.<sup>4</sup> Within a country or even within a community, there may be a variety of barriers to children attending school, and, consequently, a variety of potential solutions. The most meaningful issue when reviewing a program intended to facilitate access to education is whether children are in school as a result, and what they have received is a secondary issue. Keeping the focus on the result to be achieved encourages necessary innovations in programming. If what was thought to be the best approach is not producing the desired results, then another or potentially an additional intervention is needed.

Access to basic education is a human right, so participation in school is one meaningful result. There are, of course, potentially many other results that could be considered of sufficient value for the child beneficiaries to be counted. For example, the number of orphans and vulnerable children who have shown measurable improvement in their nutritional status might be an appropriate result to measure. As with education, there may be a variety of approaches that could be relevant in a particular context, e.g., agricultural interventions, school feeding, de-worming, and many others.

Improvement in health status might be another result to measure. Regaining normal functioning within one’s family and community might be a standard for improved psychosocial well-being. The key issue is to develop and match the approach(es) to the context in a way that produces significant, measurable results for children. World Vision’s Models of Learning program has developed a results-oriented approach to monitoring and evaluation that could inform the development of systems for U.S. Government-funded programs in Zambia.

Recognizing that the large majority of orphans and vulnerable children do not benefit from any formal assistance from outside their family and community,<sup>5</sup> it may be appropriate to set as an initial criterion for counting children as “reached” if their well-being has been measurably improved in at least one way. Over time, as the scale of

coverage is increased, the bar could be raised to at least two or three kinds of measured improvement. Starting with a criterion of multiple benefits, however, would force programs to concentrate on fewer children. Alternatively, and preferably, benefiting more children in a significant, measurable way encourages scaling up and increases the equity of program benefits.

### **The Enormous Gap between Current Programs and What Children Need**

A broad review of information on orphans and vulnerable children found that the percentage “receiving public support is less than 3 percent for all services in all regions except for the Eastern European Region.” Zambia may well be far ahead of this average since it reported last year that 300,000 children had been reached by PPEFAR-funded programs.

USAID, UNAIDS, WHO, UNICEF, and the Policy Project. Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003. June 2004. <http://www.policyproject.com/pubs/generalreport/CoverageSurveyReport.pdf>.

*Recommendation 23: To measure meaningfully the results of projects, U.S. Government funded programs for orphans and vulnerable children should develop a set of basic indicators to measure changes in children’s well-being, rather than identifying a standard package of services.*

Another aspect of the package of services discussion does deserve ongoing attention: calculating the cost per child of different services and interventions. Planning for national scaling up of effective coverage would be greatly enhanced by having such information coupled with indicative results. Knowing the approximate cost per child of different services, plus the kind of results each can be expected to produce would enable the government, donors, and implementing agencies to make better choices about how to invest available resources most effectively to scale up a set of interventions to improve the safety and well-being of a significantly greater number of orphans and vulnerable children.

*Recommendation 24: Organizations addressing needs among orphans and vulnerable children should continue and refine efforts to calculate the cost per child of the various interventions being used, eventually measuring the cost per child whose well-being has been measurably improved.*

### **Lessons Regarding Community Mobilization**

It has long been recognized that grassroots community efforts to assist orphans and vulnerable children can be highly cost-effective and that systematically mobilizing and supporting such initiatives is crucial to scaling up and sustaining a national response to

the impacts of HIV/AIDS.<sup>†††</sup> During my visit to Zambia, I met with Chilobe Kambikambi, of the SCOPE-OVC (Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children) program. She said that the Community Orphans and Vulnerable Children Committees in Kitwe (where she had been a community mobilization officer) as well as the District Committee had developed well and had expanded and sustained their efforts to protect and care for especially vulnerable children. She also indicated that in Kalomo agricultural initiatives for economic strengthening supported by the program had been quite successful and had diversified into other approaches of generating income. Community mobilization work in some of the communities where SCOPE-OVC has been engaged (for example in Kitwe and Livingstone) was initiated prior to that program by PCI, also with DCOF funding from 1997 to 1999. While information on successes was encouraging, undoubtedly community mobilization has been more successful in some districts and communities than others. It would be valuable to carry out a retrospective review to identify factors that contributed to success or the lack thereof in mobilizing communities and district-level committees to address needs among orphans and vulnerable children. Information from such a review could inform current and future programming in Zambia and elsewhere.

*Recommendation 25: USAID/Zambia should collaborate with CARE and PCI to document the long-term results of the community mobilization work initiated by these agencies.*

The key findings of this review could contribute significantly to the broader document recommended above on better practices in work with street children and especially vulnerable children in communities.

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<sup>†††</sup> See for example: John Williamson and Jill Donahue, "Developing Interventions to Benefit Children and Families Affected by HIV/AIDS: a Review of the COPE Program in Malawi for the Displaced Children and Orphans Fund," 1996, 50 pages. [http://www.usaid.gov/pop\\_health/dcofwvf/dcwvprogs.html](http://www.usaid.gov/pop_health/dcofwvf/dcwvprogs.html).

John Williamson and Jill Donahue, "Community Mobilization to Address the Impacts of AIDS: A Review of the COPE II Program in Malawi, January 17-30, 1998," prepared by the Displaced Children and Orphans Fund of and War Victims Fund Project for USAID, June 1998, 44 pages.

[http://www.usaid.gov/pop\\_health/dcofwvf/dcwvprogs.html](http://www.usaid.gov/pop_health/dcofwvf/dcwvprogs.html).

Jill Donahue and John Williamson, "Community Mobilization to Mitigate the Impacts of HIV/AIDS, Displaced Children and Orphans Fund, September 1, 1999, 9 pages. (As of December 18, 2002, available at: [http://www.usaid.gov/pop\\_health/dcofwvf/dcwvprogs.html](http://www.usaid.gov/pop_health/dcofwvf/dcwvprogs.html).

Stanley Ngalazu Phiri, Geoff Foster and Masauso Nzima, "Expanding and Strengthening Community Action: A Study of Ways to Scale Up Community Mobilization Interventions to Mitigate the Effect of HIV/AIDS on Children and Families," March 2001, 74 pages.

[http://www.usaid.gov/our\\_work/humanitarian\\_assistance/the\\_funds/pubs/ovc.html](http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/ovc.html)

Jill Donahue, "A Supplemental Report on Community Mobilization and Microfinance Services as HIV/AIDS Mitigation Tools," produced in conjunction with "Children Affected by HIV/AIDS in Kenya: An Overview of Issues and Action to Strengthen Community Care and Support," May 1999, 24 pages.

[http://www.usaid.gov/pop\\_health/dcofwvf/dcwvprogs.html](http://www.usaid.gov/pop_health/dcofwvf/dcwvprogs.html).

Tim Lee, Shareck Kagoro, Shana Muzanya, Choice Makufa, Geoff Foster, Rebecca Gonyora, "FOCUS Evaluation Report 1999: Report of a Participatory, self-evaluation of the FACT Families, Orphans and Children Under Stress (FOCUS) Programme," Family AIDS Caring Trust, September 1999. (Available on request from DCOF).

If such a review were to be carried out, one issue that should receive particular attention would be the role that small grants have played in mobilizing and sustaining (or not) community efforts. Potentially, there is significant value in developing a national mechanism to channel resources to community level.<sup>+++</sup> The “grants bank” approach developed in the early 1990’s by the Uganda Community Based Association for Child Welfare would be a possible model to consider for a national mechanism in Zambia to link donors with promising grassroots initiatives.<sup>§§§</sup>

### *Monitoring and Evaluation*

The U.S. Government has invested significant PEPFAR and USAID funding in Zambia for orphans and vulnerable children. In the interest of maximizing the learning opportunities from these investments, it would be valuable to establish a central monitoring and evaluation unit that could develop standard approaches. Rather than each program arranging for its own *ad hoc* evaluation, there could be greater learning across programs if similar methods and tools were used and the same personnel were to carry out or oversee program evaluations. Such a unit could take the lead in working with partner agencies in developing the kind of results indicators discussed above. It could develop a standard approach to evaluation and develop or identify common tools and methodologies for evaluation, including those for costing different approaches. This would greatly facilitate comparing the findings from different programs and assist in developing a knowledge base on the cost per child and likely results of different kinds of services and approaches.

*Recommendation 26: USAID/Zambia should consult with Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS) and other U.S. Government-funded programs in Zambia regarding the possibility of developing a central monitoring and evaluation unit for programs for orphans and vulnerable children.*

### *Watching Our Language*

The acronym “OVC” is used extensively in Zambia and elsewhere to refer to orphans and vulnerable children. While convenient shorthand for practitioners, this and other acronyms or terms like “AIDS orphans” often become labels that can cause unintended harm to children. People at the community level often pick up such labels from agency documents, discussions, and presentations and begin to use them. Learning to use the same jargon as those who control resources is a basic skill used by people from grassroots to international levels to gain access to resources. However, problems begin when people begin to use “OVC,” “CABA” (children affected by AIDS), or other terms

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<sup>+++</sup> See John Williamson, Mark Lorey, and Geoff Foster, “Mechanisms for Channeling Resources to Grassroots Groups Protecting and Assisting Orphans and Other Vulnerable Children,” draft September 20, 2001 (Available on request from DCOF).

<sup>§§§</sup> The grants bank is described in *Action for Children Affected by AIDS: Programme Profiles and Lessons Learned* (Sue Armstrong and John Williamson) World Health Organization and the United Nations Children’s Fund, New York, December 1994 (copies available from DCOF).



to refer to actual children. The result is stigmatization of the children intended to benefit.<sup>\*\*\*\*</sup>

This pattern was demonstrated during an assessment in Zimbabwe that I participated in two years ago. On arrival in a village in an area seriously affected by HIV/AIDS where a local organization was using USAID funds to assist especially vulnerable children, the assessment team met with leaders and community members. During a community meeting organized for our team, community members playing particular roles in child-focused programs were introduced, and a community leader then pointed to a group of children and said, “These are our CABA. Stand up, CABA,” and a small group of children reluctantly stood. In a subsequent small group discussion with a Zimbabwean member of the assessment team, this group of children made clear that they did not like being called “CABA.” They said, “Please call us children.”

*Recommendation 27: Practitioners should avoid using the term, “OVC,” to refer to children. Where this or other labels have been picked up and used at the community level, practitioners should initiate a discussion with community members, asking them to consider and discuss how referring directly to children in this way affects those children.*

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<sup>\*\*\*\*</sup> This problem of using acronyms to label children was identified during the review of the STRIVE program in Zimbabwe in 2003. See Peter McDermott, et al., “Report on the Mid-term Review of the STRIVE Project,” submitted to Catholic Relief Services/Zimbabwe and USAID/Zimbabwe July 10, 2003, pp. 14 & A-62. [http://sara.aed.org/tech\\_areas/ovc/strive-report.pdf](http://sara.aed.org/tech_areas/ovc/strive-report.pdf).

## **APPENDIX A: SCOPE OF WORK**

The clearance cable from USAID/Zambia authorizing the DCOF visit to Zambia described the purpose of the visit as, “meeting with DCOF-supported grantee PCI on the Africa KidSAFE Alliance for street children in Zambia to familiarize himself with the support network model being used to address the issues among street children and investigate how DCOF funds compliment HIV/AIDS programming.” It identified Kennedy Musonda, Deputy HIV/AIDS Multisector Team Leader, as USAID/Zambia’s control officer for the visit.



## **APPENDIX B: KEY RESOURCE DOCUMENTS**

Hepburn, Amy. "Primary Education in Eastern and Southern Africa: Increasing Access for Orphans and Vulnerable Children in AIDS-affected Areas," report prepared for the Displaced Children and Orphans Fund of the United States Agency for International Development, Terry Sanford Institute of Public Policy, Duke University, June 2001. [http://www.usaid.gov/our\\_work/humanitarian\\_assistance/the\\_funds/pubs/ovc.html](http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/ovc.html).

Lemba, Musonda. "Rapid Assessment of Street Children in Lusaka," Project Concern International, March 2002.

Mobile Clinic reports for August and November 2005.

Project Concern International, quarterly reports on the Africa KidSAFE Alliance for Street Children in Zambia: January – March 2005, April – July 2005, July – September 2005.

State of the World's Children 2005, UNICEF, New York, 2004. [http://www.unicef.org/publications/index\\_24432.html](http://www.unicef.org/publications/index_24432.html).

USAID, Cooperative Agreement No. 690-A-00-04-00343-00, USAID and Project Concern International, December 13, 2004.

USAID, UNAIDS, WHO, UNICEF, and the Policy Project. Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003. June 2004, 84. <http://www.policyproject.com/pubs/generalreport/CoverageSurveyReport.pdf>.

Williamson, John. "Assessment of the Street Children and Orphans Component of the Pact NGO Sector Enhancement Initiative in Ethiopia," Displaced Children and Orphans Fund, March 2000. [http://pdf.dec.org/pdf\\_docs/pdabs670.pdf](http://pdf.dec.org/pdf_docs/pdabs670.pdf).



## APPENDIX C: ITINERARY

ACTIVITY	LOCATION (All locations are in Lusaka)	PARTICIPANTS
<b><i>Sunday, October, 30 2005</i></b>		
John Williamson's arrival	airport	Tom Ventimiglia (TV)
<b>Monday, October 31, 2005</b>		
Initial briefing and discussion	PCI office	Luc Moens (LMo), Judith Mwape (JM), TV
Site visit to AKS partner and discussion	New Horizons	Juliet Chilenge (JC), TV
Site visit to AKS partner and discussion	FLAME	Michael Chulu, Joseph Chifunda, TV
Discussion regarding Lupwa Lwabuni Trust	Taj Pamodzi Hotel	Louis Mwewa (LMw)
<b><i>Tuesday, November 1</i></b>		
Discussion on child protection assessment, policy, and programming in Zambia	UNICEF office	Gabriel Fernandez, TV
Discussion about aims of the DCOF visit and USAID programming for street children and for orphans and vulnerable children	USAID mission	Marta Levitt-Dayal (ML-D), Kennedy Musonda (KM)
Discussion about the national structures relevant to especially vulnerable children and roles of the Department of Social Welfare	Office of the Department of Social Welfare	Gilbert Makambwe, TV
Discussion about primary education issues in Zambia	USAID mission	Rick Henning
Visits to three locations where groups of street children sleep at night	Nando's, Soweto market, and Engen filling station (an intersection just outside of downtown)	Vasco Sevelino (SV), Robert Chisha (RC), Kina Lunda (KL), Phannuel Mweene, Isaac Chirwa, TV
<b><i>Wednesday, November 2</i></b>		
Meeting of U.S. Government-funded programs for orphans and vulnerable children in Zambia	RAPIDS office	About 30 participants
Discussion with RAPIDS personnel	RAPIDS office	Bruce Wilkinson, Fordson Kafweku, Charles Chabala, Braeden Rogers, Batuke Walusiku
Discussion about the Models of Learning initiative of World Vision	restaurant	Mark Lorey

Discussion regarding the SCOPE-OVC program	CARE office	Chilobe Kambikambi, Evaristo Maanya, TV
<b><i>Thursday, November 3</i></b>		
Site visit to AKS partner and discussion	Fountain of Hope	Viola Kamutumwa, TV
Site visit and discussion to Mobile Clinic Team in operation	On a street in downtown Lusaka	Dorothy Malumbo Malamo, JC, TV
Discussion of issues related to children's life on the street in Lusaka	PCI office	SV, RC, KL, Nicholas Mwila, LMw, LMo, JM, TV
Discussion concerning community schools in Zambia	Zambia Community Schools Secretariat	Fidelis Haambote, LMw, TV
<b><i>Friday, November 4</i></b>		
De-briefing and discussion with USAID	USAID mission	M L-D, KM
Discussion about the formation and activities of the Zambia Association of Child Care Workers	Chrismar Hotel	Robert Sihubwa, LMw, TV
De-briefing and discussion with PCI	PCI office	TV, LMo, JM
<b><i>Saturday, November 5</i></b>		
Discussion on psychosocial issues and on community mobilization	Taj Pamodzi Hotel	Daphetone Siame, Michelle Munro
John Williamson departure		

## **APPENDIX D: LIST OF KEY CONTACTS**

### **USAID/Zambia**

Marta Levitt-Dayal, Team Leader – HIV/AIDS Multisector Office  
Kennedy Musonda, Deputy Team Leader– HIV/AIDS Multisector Office  
Rick Henning, Education Advisor

Ministry of Community Development and Social Services, Department of Social Welfare  
Gilbert Makambwe, Director

### **Project Concern International**

Tom Ventimiglia, Country Director  
Luc Moens, AKS Program Manager  
Judith Mwape, AKS Reintegration Officer

### **New Horizons**

Juliet Chilenge, Director

### **FLAME**

Michael Chulu, Head Administrator  
Joseph Chifunda, Center Manager

### **Lupwa Lwabumi Trust**

Louis Mwewa, Director  
Nicholas Mwila, Provincial Coordinator

### **UNICEF**

Gabriel Fernandez, Section Head, Child Protection

### **Action Zambia**

Vasco Svenlino, Outreach Worker  
Robert Chisha, Outreach Worker  
Kina Lunda, Outreach Worker

### **World Vision/RAPIDS**

Bruce Wilkinson, Chief of Party  
Charles Chabala, Deputy Chief of Party  
Fordson Kafweku, Operations Manager  
Batukeye Walusiku, Orphans and Vulnerable Children Technical Advisor  
Braeden Rogers, Technical Advisor

### **World Vision/Models of Learning**

Mark Lorey, Director



CARE International – Zambia

Chilobe Kambikambi, SCOPE-OVC Project, Assistant Project Manager

Evaristo Maanya, SCOPE-OVC Project, Grants Manager

International HIV/AIDS Alliance

Kondwani Mwangulube, Senior Program Officer: East and Southern Africa

Fountain of Hope

Viola Kamutumwa, Director

Mobile Clinic

Dorothy Malumbo Malamo, Nursing Manager

Zambia Community Schools Secretariat

Fidelis Haambote, Executive Director

Zambia Association of Child Care Workers

Felix Mwale

Regional Psychosocial Support Initiative

Daphetone Siame, Deputy Director

Care Canada

Michelle Munro, Program Director

## **APPENDIX E: AFRICA KIDSAFE PARTNER ORGANIZATIONS**

Fountain of Hope  
Lazarus Project  
Muthunzi Residential Center  
FLAME  
New Horizon Ministries  
Jesus Cares Ministries  
Chisomo Drop-in Center  
Anglican Children's Project  
St. Lawrence Home of Hope  
Messiah Ministries  
Zambia Red Cross  
Action Zambia



## **APPENDIX F: NOTES FROM NOVEMBER THIRD DISCUSSION ABOUT LIFE ON THE STREET**

### **Free listing in response to the question, “Why are some children on the street in Lusaka?”**

Getting money and giving it to their family  
Poverty  
Death of parents  
Extended family is not interested  
Lack of love and attention from guardians  
Abuse  
Inadequate number of places in school – School “push outs”  
Peer pressure and influence  
Divorce  
Having stolen money from the family and run away  
Want freedom  
Neglect by family  
Some blind parents use their children to escort them and beg  
Making money  
Having lost things given by family to sell on the street and afraid to go home  
Having spent time on the street and begun to associate with children already living on the street  
Born on the street (one example cited of a baby born to a girl living on the street)

### **Free listing in response to the question, “How are children able to stay on the street?”**

Have to be strong  
Look after cars  
Carry baggage for people at the bus station  
Piece work, e.g., carrying water for a restaurant  
Street fighting (organized fights involving bets)  
Playing cards, gambling  
Sex  
Begging  
Stealing car radios  
Getting food from garbage containers  
Selling drugs for others  
Petty trading for someone

### **Skills in working with children living on the street**

A group discussion or telling a story is a good way for an outreach worker to start when meeting with a group of children living on the street.  
You can talk with a group of children about HIV/AIDS.  
Sports is part and parcel of street work.  
An outreach worker has to learn the culture of children on the street.

You have to build a relationship with a child.  
Recognize that the information children give during initial contacts may be false.  
A child has to get to know you and eventually develop a level of trust.  
Confidentiality is especially important.  
Trust is the last thing you get on the street. It is a process.  
Develop a plan of action for work with each child.  
Make an appointment to discuss issues one-to-one.  
When a child is ready to discuss possibly making a change, he will come to the appointment sober/not high.  
Each group of children on the street has a leader. Respect the leader  
Don't promise what you can't deliver.

**Issues in working with children who have taken an initial step of getting off the street**

You have to replace the love and attention that they received from other children on the street.  
The child needs to be kept busy when they come off the street. Boredom is a reason to return.  
Give a child some time to adjust to the shelter (about two weeks), then begin to work on the next step.

## NOTES

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<sup>1</sup> *State of the World's Children 2005*, UNICEF, New York, 2004, p. 133.

<sup>2</sup> John Williamson, "Assessment of the Street Children and Orphans Component of the Pact NGO Sector Enhancement Initiative in Ethiopia, p. 6.

<sup>3</sup> "Consideration of Reports Submitted by States Parties Under Article 44 of the Convention, Concluding observations: Zambia," Committee on the Rights of the Child, 33<sup>rd</sup> Session, 19 May – 6 June 2003, p. 14.

<sup>4</sup> "Primary Education in Eastern and Southern Africa: Increasing Access for Orphans and Vulnerable Children in AIDS-affected Areas," report prepared for the Displaced Children and Orphans Fund of the United States Agency for International Development, Terry Sanford Institute of Public Policy, Duke University, June 2001. [http://www.usaid.gov/our\\_work/humanitarian\\_assistance/the\\_funds/pubs/ovc.html](http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/ovc.html).

<sup>5</sup> USAID, UNAIDS, WHO, UNICEF, and the Policy Project. Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003. June 2004, 84. <http://www.policyproject.com/pubs/generalreport/CoverageSurveyReport.pdf>.

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